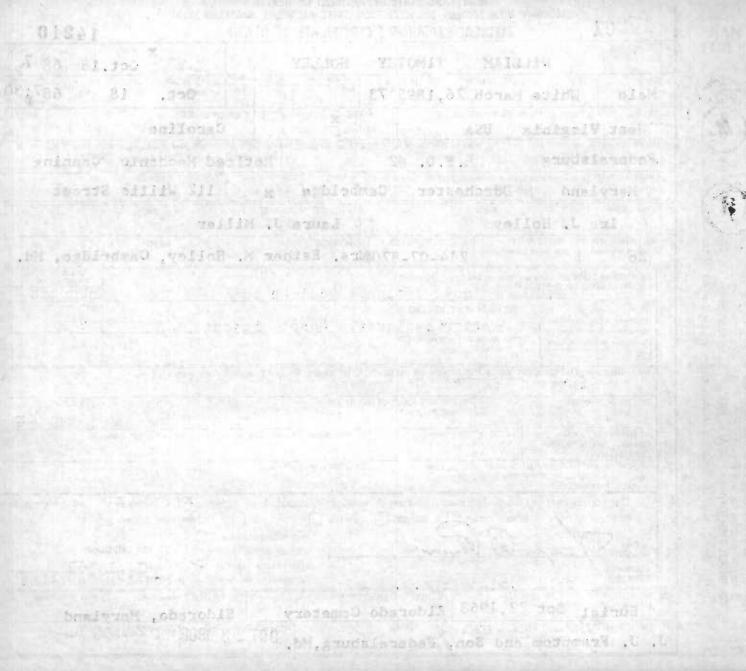


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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN Yeor (Type or Print) WILLIAM TIMOTHY HOLLEY Page 1968 Oct. 18 of DEATH MATED 4. RACE IF UNDER 24 HRS 3. SEX S. DATE OF BIRTH 6. AGE (in years DATE PRONOUNCED DEAD ny delo 2, and 3 PM3. P 10 68 March 26, 189 Moioct. Day 18 Year Male White 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH country West Virginia USA WIDOWED [DIVORCED [Caroline Give Pages ofter deoth 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR With Newhning Federalsburg drie tot deckinglie ern if mired 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Job. Dorchester Cambridge Willis in Item 18. Street YES NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Middle Ira J? Holley Laura J. Miller 24 hours Exominer 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. in pencil 17. INFORMANT be executed within (Yes, no, or unknown) 214-07-870 Mrs. Esther M. Holley, Cambridge, Md. File APPROXIMATE INTERVAL event within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acuts Coronary Occlusision minutes DUE TO, OR AS A CONSEQUENCE OF **burial-transit** Conditions, if ony, which gove (b) Arteriosclerotic Heart Disease rise to immediate couse (a), This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) ellitus Controlled Diabetes removol, used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. YES 🗀 NO pe 0 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING burial, cremation, CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy \,\int_{\text{\chi}} Inspection F Inquiry and in my apinian death resulted from: Natural causes Accident . Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funerol SIGNATURE 5 moy b TO FUNER Health DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) Preston Caroline BURIAL CREMATION 23h 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 22,1968 Oct Eldorado Cemetery Eldorado, Maryland VR A15ME (5) Framptom Federalsburg, Md Mil and

MARYLAND STATE DEPARTMENT OF HEALTH



Hill Crest Cemetery

(County)

Federalsburg, Maryland 25b. REGISTRAR'S SIGNATURE

1968

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2Sa. REC'D BY REGISTRAR

(State)

24. FUNERAL DIRECTOR

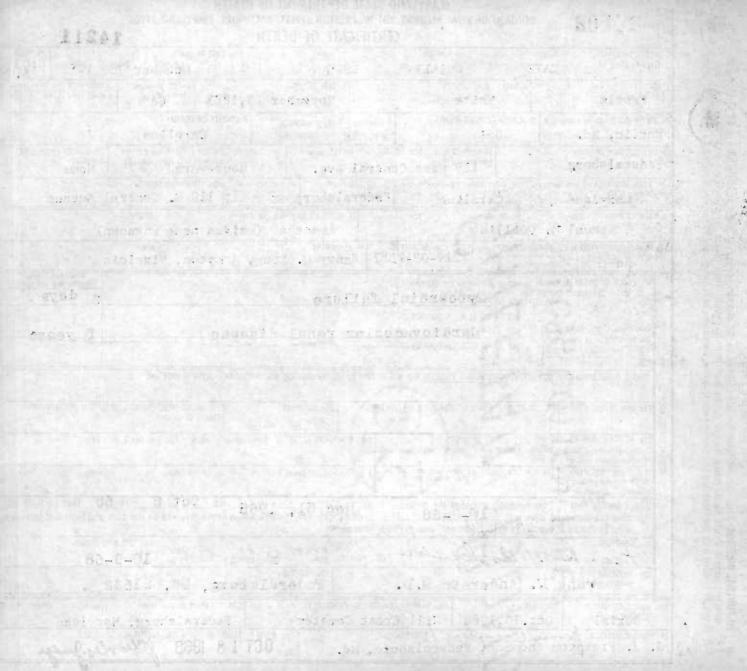
23o. BURIAL, CREMATION,

REMOVAL (Specify)

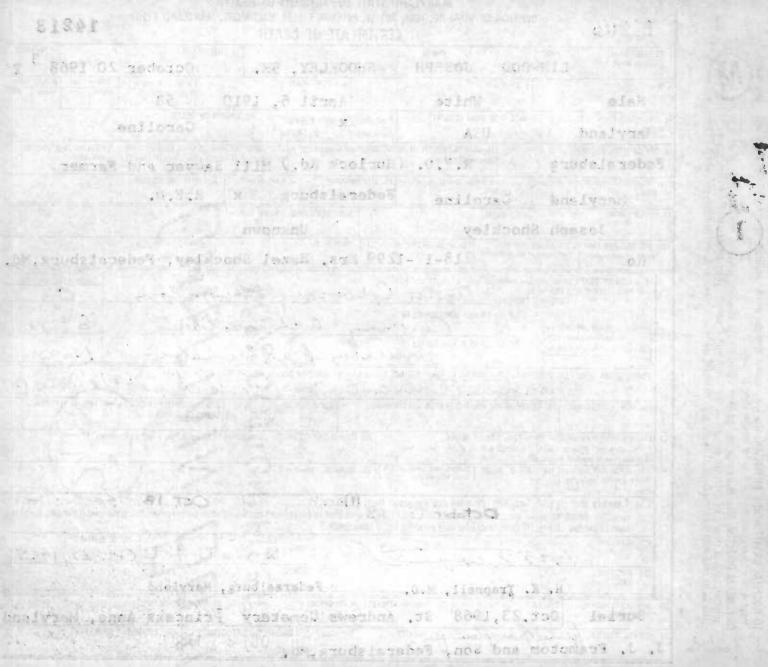
Oct. 10, 1968

J. J. Framptom and Son, Federalsburg, Md.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month Dov 2b. HOUR Yeor (Type or Print) Leslie Wyatt 10-2 12 Page 5 DEATH MATED IF UNCER 1 YEAR 4. RACE 6. AGE (In years IF UNDER 24 HRS 3. SEX S. DATE OF BIRTH 2c DATE PRONOUNCED DEAD 2d. HOUR Doy 1968 19 Male White 2-16-1916 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Countre Caroline U.S.A. WIDOWED [DIVORCED [8. Give Poges 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY 11 Rt 313% Knife Box Rd. O'I'mos Drustricultiet Rural Greensboro 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY aroline Greensboro YES TKNO [Sunset Ave in Item 1 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME Effie Cooper Wyatt Oscar the Chief Medicol Examiner 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, no, or unknown) 219-07-8124 Mary L. Wyatt Greensboro, Maryland within 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: permit. BETWEEN ONSET AND GEATH 4 Decapitation seconds IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave Automobile acciden' turning car over seconds rise to immediate couse (a). please execute the certificate, writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse ?hours 0.18 . Ethyl Alcohol PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) arterpoodlerosis with insufficiency cremation, or removal. 19b. CONDITION FOR WHICH OPERATION 190. DATE OF OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗍 NO T 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) FUNERAL DIRECTOR: Page 3 should PRIMARY OR CONTRIBUTING Ran of fof road turned over 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At home, form, street, City or Town County State factory, office building, etc.) RFD Greensboro Haryland Caroline 220. I certify that I took charge of the remains described above, held on Autopsy led, Inspection 3 Inquiry 3 ond in my opinion deoth resulted from: Noturol causes Accident Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED the funeral ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy ro FUNE Health NAME (Type) ADDRESS(Street, city, town, or county) Or ston Veroline Harold B. Plummer 23c. NAME DE CEMETERY OR CREMATORY BURIAL, CREMATION 23d. LDCATION (City or Town) REMOVAL (Specify)
Burial Greensboro, Maryland
By REGISTRAR | 25b. REGISTRAR'S SIGNATURE 10-4-68 Greensboro 2Sa. REC'D BY REGISTRAR 1968 ocharles

MAKYLAND STATE DEPAKIMENT OF HEALTH

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